

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/565043

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4		/					54						
5	/						55						
6		/					56						
7		/					57						
8		/					58						
9	/						59						
10		/					60						
11		/					61						
12		/					62						
13		/					63						
14		/					64						
15		/					65						
16	/						66						
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18	/						68						
19		/					69						
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38		/					88						
39		/					89						
40		/					90						
41		/					91						
42		/					92						
43	/						93						
44		/					94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	6	↓		↓		↓	TOTAL IND.	↓		↓		↓	
TOTAL DEP.	38	←		←		←	TOTAL DEP.	←		←		←	
TOTAL CLAIMS	44						TOTAL CLAIMS						

Best AVAILABLE COPY